

Texas Funeral Service Commission
Crematory
Change of Ownership Amendment Guidelines

**You may only change the ownership information with this application.
Name or Location changes are not eligible for this application.**

All applicants when **requesting for a change of ownership ONLY**, must supply all required documents listed below along with the attached Amendment Form.

An amendment for ownership change can be used for the following situations:

- Sale of business
- Death of owner
- Designation change (i.e. sole proprietor to corporation)

By amending the original application, the new owner must agree to the following terms:

- Retain existing license number
 - Retain all past complaint history associated with establishment license number
 - Responsible for ALL past and current complaint penalties due to Commission regardless of ownership
 - Responsible for maintenance of funeral records as required by law
-

Read all requirements and instructions carefully. Please attach the following documents with your amendment:

- ☐ Legal documents supporting sale of business or designation change
- ☐ If owner has passed away, a copy of Death Certificate
- ☐ FDIC Appointment Form – Even if there is no change.
- ☐ Franchise Tax Addendum for those taxable entities formed in Texas or doing business in Texas (*see last page of application)

Upon receipt and approval of the items listed above, the establishment will be contacted to schedule a physical site inspection, if necessary, by the TFSC inspectors.

Requests will not be approved until all required documents have been received.

Please Email Completed Application and documents to:
nikki@tfsc.texas.gov



CREMATORY Change of Ownership Amendment

Name or Location changes are NOT eligible for this application.

Name of Current Establishment _____

Current License Number _____

Physical Address _____

City _____ State _____ Zip _____

Mailing address (if different from above) _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email _____

Date of Last Inspection _____

CREMATORY ASSOCIATION:

*Is this location associated with a Funeral Home? _____ Yes

Name of Establishment _____

License Number _____

*Is this location associated with a Commercial Embalming Facility? _____ Yes

Name of Facility _____

License Number _____

Is this location associated with a Perpetual Care Cemetery? _____ Yes

Name of Cemetery _____

***Locations must also submit a separate Change of Ownership Amendment Form. Please submit with this application.**

CHANGE OF OWNERSHIP DUE TO:

☐ Sale of business (**Must submit Bill of Sale, or other legal documents**)

☐ Death of owner (**Must submit Death Certificate**)

☐ Designation Change (FROM: _____ TO: _____)

Please provide the name of the previous owner(s):

TYPE OF BUSINESS: (please choose one)

☐ Sole owner Name: _____

☐ Partnership Names: _____

☐ Corporation Name: _____

List names and addresses of the sole owner, partners, or officers of the corporation (attach additional sheet if necessary).

Name _____

Name _____

Title _____

Title _____

Address _____

Address _____

EMPLOYEE LISTING:

Certified personnel employed and active in this establishment (attach additional sheet if necessary):

Name _____ Certification # _____

Name _____ Certification # _____

Name _____ Certification # _____

Non-licensed personnel employed and active in this establishment (attach additional sheet if necessary):

Tex. Occ. Code 651.657(b)(3) requires the application to include a statement from each individual listed as an owner or partner detailing the individual's business experience from the past 10 years, any felony or misdemeanor conviction of the individual; any involvement of the individual as a defendant in a civil action involving allegations of fraud; and a suspension by this state or any other state of any license related to funeral directing or the operation of a cemetery or crematory. Please include the required information as an addendum to the application.

As the owner or primary officer of the crematory:

- I understand that I will retain the license number of the existing establishment, I understand I will retain any and all complaint history associated with the said license number, I understand I will be responsible for any past and current penalties due to the Commission whether I was owner at the time of complaint or not. I understand I must retain the records of the establishment as required by law.
- I hereby consent to reasonable inspection of this establishment and its records for compliance with the Mortuary Laws of the State of Texas at such times as may be designated by the Texas Funeral Service Commission.
- I affirm that the statements and information contained in this application are true and correct.

Signature of Owner

Date

Please Email Completed Application and Documents to:
nikki@tfsc.texas.gov



CERTIFIED OPERATOR Affidavit

Name: _____

Certification # _____

I am the Certified Owner/Operator and responsible for the legal and ethical operation of this crematory. I understand that I may be served with administrative process when violations are alleged to have been committed by the crematory or an employee of the crematory. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness of the information contained in this application.

Certified Owner/Operator Signature

Date

Please Email Completed Application and Documents to:
nikki@tfsc.texas.gov

ADDENDUM

Franchise Tax

Tex. Admin. Code 203.13 requires any corporate applicant for a license or permit issued by the Texas Funeral Service Commission to certify in writing that its franchise taxes are current, that the corporation is exempt from payment of the franchise tax, or that it is an out-of-state corporation that is not subject to the Texas franchise tax. **If this facility is a taxable entity formed in Texas or doing business in Texas (*see below), the certification below must be completed and returned with the application.**

FRANCHISE TAX CERTIFICATION

I hereby certify that _____, the owner of _____
Name of Entity Name of Funeral Establishment

_____, in the city of _____, Texas is:

- ☐ Current on the payment of its Texas franchise tax
- ☐ Exempt from payment of the Texas franchise tax
- ☐ An out-of-state entity that is not subject to the Texas franchise tax

Name & Title of Officer: _____

Franchise Tax ID Number: _____

I understand that any false statement as to the corporate franchise tax status on this certification is ground for disciplinary action. I hereby state under oath that the statements contained herein are true and correct to the best of my knowledge.

Signature

* Entities Subject to Franchise Tax - - Each taxable entity formed in Texas or doing business in Texas must file and pay franchise tax. These entities include: corporations; limited liability companies (LLCs), including series LLCs; banks; state limited banking associations; savings and loan associations; S corporations; professional corporations; partnerships (general, limited and limited liability); trusts; professional associations; business associations; joint ventures; and other legal entities.